

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Friends of Amy Tavio

ADDRESS (number and street)

9998 Ford Avenue

Suite 1

Check if different
than previously
reported. (ACC)

Richmond Hill

GA

31324

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00555672

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

GA

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
05 / 20 / 2014in the
State of

GA

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2014

through

M M / D D / Y Y Y Y
04 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Sarah Hyder

Signature of Treasurer

Ms. Sarah Hyder

[Electronically Filed]

Date

M M / D D / Y Y Y Y
05 / 06 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Amy Tavio

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	4131.13	30252.35
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4131.13	30252.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6200.43	29200.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	6200.43	29200.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2317.72	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1244.44	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

Friends of Amy Tavio

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

3150.50

19832.58

(ii) Unitemized.....

980.63

10419.77

(iii) TOTAL of contributions from individuals ▶

4131.13

30252.35

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

4131.13

30252.35

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

2084.17

(b) All Other Loans.....

0.00

350.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

2434.17

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

4131.13

32686.52

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6200.43	29200.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	255.12	839.73
(b) Of All Other Loans	0.00	350.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	255.12	1189.73
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6455.55	30390.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4642.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4131.13
25. SUBTOTAL (add Line 23 and Line 24).....	8773.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6455.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2317.72

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 14

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Thomas C Bordeaux Jr

Mailing Address 333 E 44th St

City Savannah State GA Zip Code 31405-2213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bordeaux & Abbott PC Attorney

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M	D D	Y Y Y Y
04	02	2014

Transaction ID : VNJ0PCM6039

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Jesse C Crawford

Mailing Address 3845 Pleasantdale Rd

City Doraville State GA Zip Code 30340-4205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Crawford Media CEO

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M	D D	Y Y Y Y
04	17	2014

Transaction ID : VNJ0PCM5ZF3

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Ann L Fries

Mailing Address 61 Wild Thistle Ln

City Savannah State GA Zip Code 31406-7207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
200.50

Date of Receipt

M M	D D	Y Y Y Y
04	24	2014

Transaction ID : VNJ0PCM5ZY0

Amount of Each Receipt this Period

200.50

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1450.50

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

Full Name (Last, First, Middle Initial) Robert Kaufmann MD		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 550 Peachtree St NE Ste 1700		Transaction ID : VNJ0PCKHR19
City Atlanta	State GA	
Zip Code 30308-2262		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		500.00
Name of Employer THE KAUFMANN CLINIC	Occupation MD/OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Richard Rehm		Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 114 W 38th St		Transaction ID : VNJ0PCM5ZQ4
City Savannah	State GA	
Zip Code 31401-8515		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		250.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Anne Weltner		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 2774 Andrews Dr NW Apt 1		Transaction ID : VNJ0PCK5Z33
City Atlanta	State GA	
Zip Code 30305-2956		Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C		750.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

Full Name (Last, First, Middle Initial)

Frances Zwenig

Mailing Address 116 General Oglethorpe Rd

City

Saint Simons Island

State

GA

Zip Code

31522-5221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frances Zwenig, Inc.Occupation
Lawyer-Consultant

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2014

Transaction ID : VNJ0PCJMK68

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

200.00

3150.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

Full Name (Last, First, Middle Initial)

A. Tim Alborg

Mailing Address 3215 Rehoboth Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
Decatur	GA	30033-3340

Purpose of Disbursement
Financial Consulting

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

500.00

Transaction ID : VNH1E9S32Q5

B. Tim Alborg

Full Name (Last, First, Middle Initial)

Mailing Address 3215 Rehoboth Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

City	State	Zip Code
Decatur	GA	30033-3340

Purpose of Disbursement
Financial Consulting

Candidate Name

001
Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

500.00

Transaction ID : VNH1E9S3339

c. Democratic Party of Georgia

Full Name (Last, First, Middle Initial)

Mailing Address 763 Trabert Ave NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

City	State	Zip Code
Atlanta	GA	30318-4245

Purpose of Disbursement
Votebuilder Access

Candidate Name

006
Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

500.00

Transaction ID : VNH1E9S32X2

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Amy Tavio

Full Name (Last, First, Middle Initial)

A. Direct ConnectMailing Address 3901 Centerview Dr
Ste W

City Chantilly State VA Zip Code 20151-3229

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	02	2014

Amount of Each Disbursement this Period

210.55

Transaction ID : VNH1E9S32J5

B. DMS Property ManagementMailing Address 10221 Ford Ave
Ste 1

City Richmond Hill State GA Zip Code 31324-0259

Purpose of Disbursement
April Rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	03	2014

Amount of Each Disbursement this Period

1200.00

Transaction ID : VNH1E9S2SJ7

c. Charles Feagain

Mailing Address 314 Chevis Rd

City Savannah State GA Zip Code 31419-9783

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	04	2014

Amount of Each Disbursement this Period

350.00

Transaction ID : VNH1E9S32P7

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1760.55

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Amy Tavio

Full Name (Last, First, Middle Initial)

A. Charles Feagain

Mailing Address 314 Chevis Rd

City	State	Zip Code
Savannah	GA	31419-9783

Purpose of Disbursement
Campaign Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

100.00

Transaction ID : VNH1E9S32T8

B. Charles Feagain

Mailing Address 314 Chevis Rd

City	State	Zip Code
Savannah	GA	31419-9783

Purpose of Disbursement
Campaign Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

200.00

Transaction ID : VNH1E9S32Y0

C. Charles Feagain

Mailing Address 314 Chevis Rd

City	State	Zip Code
Savannah	GA	31419-9783

Purpose of Disbursement
Campaign Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

350.00

Transaction ID : VNH1E9S32Z8

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

650.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

Full Name (Last, First, Middle Initial)

A. In and Out Printing

Mailing Address 14628 Wicks Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
San Leandro	CA	94577-6716

Amount of Each Disbursement this Period

219.77

Purpose of Disbursement
Campaign CardsCategory/
Type

Transaction ID : VNH1E9S32N9

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Kroger #688

Mailing Address 53 Exchange St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
Richmond Hill	GA	31324-7600

Amount of Each Disbursement this Period

43.43

Purpose of Disbursement
Gasoline

002

Category/
Type

Transaction ID : VNH1E9S2SD7

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Marc Silver

Mailing Address 8345 Royal Troon Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

City	State	Zip Code
Duluth	GA	30097-1682

Amount of Each Disbursement this Period

350.00

Purpose of Disbursement
Campaign ConsultingCategory/
Type

Transaction ID : VNH1E9S32R3

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

613.20

5373.75

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNJ0PCJP3S1L

Friends of Amy Tavio

LOAN SOURCE Full Name (Last, First, Middle Initial)

Amy L Tavio

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
95 Balfour Dr

City

State

ZIP Code

Richmond Hill

GA

31324-7330

Original Amount of Loan

2084.17

Cumulative Payment To Date

839.73

Balance Outstanding at Close of This Period

1244.44

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 01 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1244.44

TOTALS This Period (last page in this line only)..... ►

1244.44

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.